Centified Mail # 7099 3400 0017 7709

| | Centifies M. OO3 FOR PROFI IFORM BUSINE | T CORPOR | ATION | FILED May 05, 2003 | 8:00 am | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|------------------------------------------|--|
| DOCUMENT # 191123 1. Entity Name PURSLEY, INC. | | | | Secretary of 05-05-2003 90317 017 | | |
| Principal Place of Business 9115 58TH DR. E SUITE A BRADENTON FL 34202 | | Mailing Address PURSLEY, INC 9115 58TH DR E. SUITE A BRADENTON FL 34202 US | | | | |
| 2. Principal Place of Business 3. Mailing | | 3. Mailing Address | | 1 100107 SIB19 (0131 SIB1) NGC 14880 (II BID1 U | init binti ainit eien dinit inat | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number 59-0774949 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered A | _ _ | |
| | | | Name | Name | | |
| LECKEY, PHILLIP D 9115 58TH DRIVE E SUITE B | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| BRADENTON FL 34202 | | | City | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 | | | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | - | S. Election Campaign Financing Trust Fund Contribution. | \$5.00 .May Be . Added to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST PURSLEY, TRICIA K. 9115 - 58TH DRIVE E SUITE A BRADENTON FL 34202 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SANDERS, L' 9115 - 58TH DRIVE E SUITE A BRADENTON FL 34202 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LECKEY, PHILLIP 9115 - 58TH DRIVE E SUITE A BRADENTON FL 34202 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIVIDENTION I E OFECE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ······································ | ☐ Change ☐ Addition | |
| | ertify that the information supplied with | this filing does not qualify for the | <u> </u> | Section 119.07(3)(i), Florida Statutes. I further cert | ify that the information | |

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

GNATURE:

| Comparison of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

| Comparison of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. In further certify that the information indicated on this report as required by Chapter 607, Florida Statutes. In further certify that the information indicated on the report of the corporation of the corporation of the receiver of trustee empowers in Block 10 or Block 11 if chapter 607, Florida Statutes; I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; I further certify that the information of the corporation of the corpor

SIGNATURE: